

Please indicate your satisfaction with the Relocation Assistance Program by circling the appropriate category or checking the "not applicable" box.

|  | Excellent | Good | Average | Below Average | Poor | Not Applicable           |
|--|-----------|------|---------|---------------|------|--------------------------|
| 1. How well did we explain your relocation benefits and answer your questions about the relocation assistance program? <i>1-A Usefulness of Contract (2)</i> | 5         | (4)  | 3       | 2             | 1    | <input type="checkbox"/> |
| 2. Was the Relocation Agent informed and responsive to your questions? -   | (5)       | 4    | 3       | 2             | 1    | <input type="checkbox"/> |
| 3. Was the Relocation Agent courteous and professional?  | (5)       | 4    | 3       | 2             | 1    | <input type="checkbox"/> |
| 4. How would you rate the usefulness of the printed material provided by the Department?   | 5         | 4    | (3)     | 2             | 1    | <input type="checkbox"/> |
| 5. Overall, how would you rate the way your relocation was handled?  | 5         | (4)  | 3       | 2             | 1    | <input type="checkbox"/> |

Comments: *I believe the States Contract to be antiquated and in need of reform. We're Excellent.*

If you would like to be contacted by telephone to give additional information or comments, please complete this portion. *I hope I will be able to give as favorable report*

Name: *regarding,* Number: ( ) *and what I know to be a false attachment of my deed. Re: Asbestos.*

DEPT. OF TRANSPORTATION  
RIGHT-OF-WAY

To be completed by NHDOT Right-of-Way Agent

Project Number: *2440* Parcel Number:

MAY 22 2006

\\nhdot\2003\wp\p\reloc\relocation\survey\0603.doc

TAMPA FL 336

RECEIVED